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|  |  |   |               |                     |                               |                  |         | Application or Docket Number |                        |            |                  |  |  |
|--|--|---|---------------|---------------------|-------------------------------|------------------|---------|------------------------------|------------------------|------------|------------------|--|--|
|  | PATENT A   | RD  |               | Jp 92000046         |                               |                  |         |                              |                        |            |                  |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                       |  |   |               |                     |                               |                  |         | MALL EN                      |                        | OR         | OTHER<br>SMALL ( |  |  |
| TOTAL CLAIMS   |  |   | 2.1           |                     |                               |                  | Γ       | RATE                         | FEE                    |            | RATE             | FEE  |  |
| FOR  |  |   | NUMBER FILED  |                     | NUMBER EXTRA                  |                  | 8       | ASIC FEE                     | 355.00                 | OR         | BASIC FEE        | · 710.00   |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 7 / minus 20= |                     | • 1                           |                  |         | X\$ 9=                       |                        | OR         | X\$18=           | 18   |  |
| INDEPENDENT CLAIMS   |  |   | 4 minus 3 =   |                     | •                             |                  |         | X40=                         |                        | OR         | X80=             | 80   |  |
| MUI  | TIPLE DEPEN  | DENT CLAIM PR                               | RESENT        |                     |                               |                  | ı       | +135=                        |                        | OR         | +270=            |  |  |
| * If the difference in column 1 is less than zero, enter                             |  |   |               |                     |                               | olumn 2          | L       | TOTAL                        |                        | OR         | TOTAL            | 808  |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column                            |  |   |               |                     |                               |                  |         | SMALL E                      | ENTITY                 | OR         | OTHER<br>SMALL   |  |  |
| AMENDMENT A  |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |               | HIGI<br>NUM<br>PREV | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA |         | RATE                         | ADDI-<br>TIONAL<br>FEE |            | RATE             | ADDI-<br>TIONAL<br>FEE                           |  |
|  | Total  | *   | Minus         | ••                  |                               | =                |         | X\$ 9=                       |                        | OR         | X\$18=           |  |  |
|  | Independent  | •   | Minus         | ***                 |                               | =                |         | X40=                         |                        | OR         | X80=             |  |  |
|  | FIRST PRESE  | NTATION OF M                                | ULTIPLE DE    | PENDEN              | IT CLAIM                      |                  |         | +135=                        |                        | OR         | +270=            |  |  |
|  |  |   |               |                     |                               |                  | L       | TOTAL                        |                        |            | TOTAL            |  |  |
|  |  | (Oaluma 4)                                  |               | (Calı               | umn 2)                        | (Column 3)       | A       | DDIT. FEE                    |                        | JO.,       | ADDIT. FEE       |  |  |
|  |  | (Column 1)<br>CLAIMS                        |               | HIG                 | HEST                          |                  | 1 1     |                              | ADDI-                  | 1          |                  | ADDI-  |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT             |               | PREV                | MBER<br>VIOUSLY<br>D FOR      | PRESENT<br>EXTRA |         | RATE                         | TIONAL<br>FEE          |            | RATE             | TIONAL<br>FEE                                    |  |
|  | Total  | •   | Minus         | **                  |                               | =                |         | X\$ 9=                       |                        | OR         | X\$18=           |  |  |
|  | Independent  | •   | Minus         | ***                 |                               | =                | 1 [     | X40=                         |                        | OR         | X80=             |  |  |
|  | FIRST PRESE  | NTATION OF M                                | ULTIPLE DE    | EPENDEN             | IT CLAIM                      |                  | 1       | +135=                        |                        | OR         | +270=            |  |  |
|  |  |   |               |                     |                               |                  | L       | TOTAL                        |                        | OR         | TOTAL            |  |  |
|  |  |   |               |                     |                               | 0                |         | ADDIT. FEE                   |                        | <b>J</b> O | ADDIT. FEE       | <u> </u>   |  |
| _  |  | (Column 1)<br>CLAIMS                        |               |                     | umn 2)<br>HEST                | (Column 3)       | ١,      |                              |                        | 1          |                  | 1 4001   |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT             |               | PRE                 | MBER<br>VIOUSLY<br>D FOR      | PRESENT<br>EXTRA |         | RATE                         | ADDI-<br>TIONAL<br>FEE |            | RATE             | ADDI-<br>TIONAL<br>FEE                           |  |
|  | Total  | •   | Minus         | ••                  |                               | =                | ] [     | X\$ 9=                       |                        | OR         | X\$18=           | 1  |  |
|  | Independent  | •   | Minus         | ***                 |                               | =                |         | X40=                         |                        | OR         | X80=             |  |  |
|  | FIRST PRES   | ENTATION OF N                               | NULTIPLE D    | EPENDE              | NT CLAIN                      | <u> </u>         | 7       |                              |                        | 1          |                  | <del>                                     </del> |  |
| * If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |               |                     |                               |                  |         |                              |                        | OR         | TOTA             |  |  |
|  | ** If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE |   |               |                     |                               |                  |         |                              |                        |            | ADDIT. FE        | Ē <b>L</b>                                       |  |
|  | The "Highest Nu  | mber Previously P                           | aid For (Tota | l rindepe           | ndent) is t                   | he highest numb  | ber tou | and in the ap                | propriate b            | ox in c    | column 1.        |  |  |